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CONFIRMATION NO. 7193

<b>SERIAL NUMBER</b> 10/716,823	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 50164/006004
<b>APPLICANTS</b> Robyn Sackeyfio, Ann Arbor, MI; Jason Fong, Philadelphia, PA; Nicole Hurst, Boston, MA; Palaniyandi Manivasakam, Brighton, MA; Edward Roydon Jost-Price, West Roxbury, MA; Grant Zimmermann, Somerville, MA; Curtis Keith, Boston, MA; Alexis Borisy, Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/191,149 07/09/2002 PAT 6,897,206 which claims benefit of 60/304,089 07/09/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/01/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 34
		<b>INDEPENDENT CLAIMS</b> 9		
<b>ADDRESS</b> 21559				
<b>TITLE</b> COMBINATIONS FOR THE TREATMENT OF INFLAMMATORY DISORDERS				
<b>FILING FEE RECEIVED</b> 3219	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	